

**Maryland State Board of Dental Examiners  
Spring Grove Hospital Center • Benjamin Rush Building  
55 Wade Avenue  
Catonsville, Maryland 21228  
(410) 402-8511**

**APPLICATION FOR  
DENTAL LICENSURE BY EXAMINATION**

**Notice For Mailing List:**

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Gov't Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**SECTION I – GENERAL INFORMATION**

<b>Name (Last, First, Middle Initial):</b>	
<b>Address of Record: (Street Address)</b>	
<b>City, State, Zip:</b>	

**A. Social Security Number:**       -   -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

**B. Date of Birth:**                      -   -

**C. Home Phone Number:**           -    -

**D. Work Phone Number:**           -    -

**E. E-Mail Address:**               

**F. Hispanic or Latino Origin**

**Are you of Hispanic or Latino Origin?**

{ Yes   { No

**G. Race: (Multiracial individuals may select all applicable racial categories).**    { American Indian or Alaska Native

{ Asian   { Black or African American   { Native Hawaiian or other Pacific Islander   { White   { Other

**H. Gender:**   { Female   { Male

**I. Licensure in other states:**

List other states or jurisdiction in which you hold or have held a dental license. Include license number(s).

State	License Number

## **SECTION II - EDUCATION**

A. School of Graduation (Name, City, State, Country): \_\_\_\_\_

\_\_\_\_\_

B. Date of Graduation: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

## **SECTION III – EXAMINATIONS**

A. Have you passed Parts I and II of the National Board Examinations? ☐ Yes ☐ No

B. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

C. Have you passed all sections of the North East Regional Board examination? ☐ Yes ☐ No

D. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

E. Did you take the Curriculum Integrated Format examination? ☐ Yes ☐ No

F. Have you passed the Curriculum Integrated Format examination? ☐ Yes ☐ No

G. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

## **SECTION IV - CHARACTER AND FITNESS**

If you answer "YES" to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist license been withdrawn for any reason?  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry?  |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?   |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs?  |

#### **SECTION IV - CHARACTER AND FITNESS (CONT'D)**

- ☐ ☐ l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?
- ☐ ☐ m. Have you been named as a defendant in a filing or settlement of a malpractice action?
- ☐ ☐ n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons?

**Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.**

#### **Release and Certification:**

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

#### **NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_, Then personally appeared the above named \_\_\_\_\_, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL**

## MARYLAND STATE BOARD OF DENTAL EXAMINERS

### Application for Dental Licensure by Examination

#### Check List

*Please review prior to sending your application package to the Board.*

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- ☐ 1. Is your application completed front and back?
  - ☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the \$450 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- ☐ 3. Did you enclose one 3x3-inch photograph with a notarized statement?
- ☐ 4. Did you request that an original National Board score card be forwarded to the Maryland State Board of Dental Examiners?
- ☐ 5. Did you enclose a certified examination report from the North East Regional Board?
- ☐ 6. Did you enclosed certified proof of your dental education, such as a copy of a diploma or a letter from the school? *Please note that the original embossed school seal must be affixed to copies of transcripts and diplomas submitted to the Board.*
- ☐ 7. Did you enclose certified letters with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- ☐ 8. Did you enclose documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?
- ☐ 9. Did you enclose the Maryland State Jurisprudence Examination and the notarized affidavit along with the \$50.00 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?

## MARYLAND STATE BOARD OF DENTAL EXAMINERS GUIDELINES FOR DENTAL LICENSURE BY EXAMINATION

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

### The applicant shall:

- a. Be of good moral character; and
- b. Be at least 18 years old; and
- c. Holds a DDS, DMD, or its equivalent, from a college or university that is authorized by any state of the United States or any province of Canada to grant a degree and is recognized by the board as requiring adequate preprofessional collegiate training and as maintaining an acceptable course of dental instruction; and
- d. Have passed the North East Regional Board of Dental Examiners (NERB) examination. (Maryland is a member of the North East Regional Board of Dental Examiners (NERB). In accordance with 10.44.15.08 the Board may require that an applicant for licensure take and pass a regional board clinical examination after filing their application for licensure if the Board determines that the applicant may have lost clinical skills because of an extended absence from clinical practice.

### To apply for licensure, submit the Application for Dental Licensure by Examination and enclose the following with your application:

- *A \$450 non-refundable fee.* Additional fees may be levied by the Board for investigatory purposes.
- *A photograph,* not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."
- *Original National Board score card.* You must contact the **National Board of Dental Examiners** at 211 E. Chicago Avenue, Suite 1846, Chicago, IL 60611 or **(312) 440-2678** or **(800) 621-8099** and request that an **Original Score Card** be forwarded to the Maryland State Board of Dental Examiners at the address below.
- *Certified examination scores from the North East Regional Board of Dental Examiners.* Applicants may make application for this examination by contacting **NERB at 301-563-3300.**
- *Certified proof of your dental education.* Acceptable proof includes a certified **copy** of a diploma, a letter from the school, or official transcripts. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- *A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and indicating whether any disciplinary action has ever been taken against the license.*
- If applicable, *evidence of legal name change,* such as a marriage certificate or court documents.

### Additional Requirements:

- *Maryland Jurisprudence Examination.* All applicants for licensure in Maryland must pass the Jurisprudence Examination on the Dental Laws and Regulations of this state with a score of at least 75%. It is an open book examination and is now available online at [www.dhmf.md.gov/denta/](http://www.dhmf.md.gov/denta/). If you choose to complete the online examination, please also complete the Affidavit form and return both documents to the Board's office along with the Jurisprudence Examination fee of \$50.00. Applicants may also take the exam at the Board's offices Monday through Friday between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed.

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**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Dental Examiners  
The Benjamin Rush Building  
Spring Grove Hospital Center  
55 Wade Avenue  
Catonsville, MD 21228  
ATTN: Licensing Unit

*Revised 3/8/11*